

Section A

CITY OF SEATTLE		PUBLIC HEALTH – SEATTLE & KING COUNTY DISEASE REPORT		KING COUNTY		Office Use Only ID # _____	
REPORTING	PATIENT'S NAME _____ (LAST) (FIRST) (MIDDLE)			DATE OF BIRTH _____ (Month) (Day) (Year)		RACE <input type="checkbox"/> Cauc. <input type="checkbox"/> Am. Indian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female			PHONE NUMBER Home _____ Work _____			
	PATIENT'S ADDRESS STREET _____ APT. NO. _____ P.O. BOX _____ CITY _____ ZIP _____			DISEASE _____ DATE ONSET SYMPTOMS _____		DIAGNOSIS (check one) <input type="checkbox"/> CLINICAL <input type="checkbox"/> LAB CONFIRMED <input type="checkbox"/> BOTH	
	DATE OF REPORT _____		ATTENDING HEALTH CARE PROVIDER _____		PERSON REPORTING NAME/TITLE _____ ADDRESS _____ PHONE NUMBER _____		
	SEND MORE CARDS _____		HEALTH CARE PROVIDER PHONE # _____				
ADDITIONAL INFORMATION – Please provide where possible to expedite investigation							
Chief Symptoms/Complaints _____ _____		Laboratory Test Results (source of specimen & date collected *) _____ * see Section B		Treatment Given (dose, start date, duration) _____		Comments _____ _____	
Name of School, Child care or Employer _____		Possible Source of Infection _____			Hospitalization Admission Date _____ Discharge Date _____ ER Visit _____		
Sexually Transmitted Diseases (206) 731-3590		Tuberculosis (206) 731-4579		Epidemiology (206) 296-4774		Epi 24 hr. report line (206) 296-4782	
				Epidemiology fax (206) 296-4803		WELLS FARGO CENTER 999 3 RD AVE, SUITE 900 SEATTLE, WA 98104	
Please do not transmit this form via email.							
CS 13.18.28							

Section B

* HEPATITIS – LFTS & HEPATITIS SCREEN RESULTS: ALL OTHER DISEASES
 PERTINENT CULTURE or SEROLOGIC TEST RESULTS

FOR HEALTH DEPARTMENT USE ONLY: